



# INSPECTOR / MECHANIC APPLICATION

## Motor Vehicle Inspection

### Missouri State Highway Patrol

Troop A  
504 S.E. Blue Parkway  
Lee's Summit, MO 64063-4351

Troop C  
599 South Mason Road  
St. Louis, MO 63141-8550

Troop E  
4947 Hwy 67 North  
Poplar Bluff, MO 63901-8719

Troop G  
P.O. Box 10  
Willow Springs, MO 65793-0010

Troop I  
P.O. Box 128  
Rolla, MO 65402-0128

Troop B  
308 Pine Crest Drive  
Macon, MO 63552-1030

Troop D  
3131 East Kearney Street  
Springfield, MO 65803-5044

Troop F  
P.O. Box 568  
Jefferson City, MO 65102-0568

Troop H  
P.O. Box 8580  
St. Joseph, MO 64508-8580

INSTRUCTIONS: Fill in all blocks and mark (X) in the appropriate boxes. Print information in capital letters with a pen. Attach a 2" x 2" photograph taken within the past 3 months (your name and address must be on the back of the photograph). Mail or deliver this completed application and your photograph to the Missouri State Highway Patrol headquarters of the troop area where your place of employment is located. See address above.

Attention new applicant: To become an inspector you must have had one year of practical experience as an automotive mechanic or have successfully completed a course of vocational instruction in automotive mechanics from a generally recognized educational institution, either public or private. Permits are not denied on the basis of sex, race, creed, color, religion, or ancestry.

APPLICANT'S IDENTIFICATION & ADDRESS											
LAST NAME				FIRST NAME				MI	NAME SUFFIX		PERMIT NUMBER
									<input type="checkbox"/> JR <input type="checkbox"/> SR		
HOME ADDRESS - STREET						CITY			STATE	ZIP CODE	
DATE OF BIRTH			SEX	HOME AREA CODE & TELEPHONE			SOCIAL SECURITY NUMBER				
			<input type="checkbox"/> M <input type="checkbox"/> F								
MECHANICAL EXPERIENCE & TRAINING											
GARAGES, ETC.	NAME & ADDRESS (Where experience / training received)									DATES	
										FROM	TO
	MO	YR	MO	YR							
MECHANICAL SCHOOLS											
INSPECTION STATION(S)											
NAME & ADDRESS OF CURRENT INSPECTION STATION EMPLOYER(S)								AREA CODE & TELEPHONE		STATION PERMIT NO.	
CERTIFICATION											
I certify that the information in this application is accurate and complete, and if approved, that I will inspect vehicles in accordance with motor vehicle safety inspection laws and prescribed rules and regulations.				APPLICANT'S SIGNATURE				MO	DAY	YR	PERMIT EXPIRES
ADMINISTRATIVE DATA (Officer's use only)											
TROOP	DATE		NEW - NEW REN - RENEWAL REI - REINSTATE CIT - CITED EXP - EXPIRED	INSPECTION EXAM SERIES	SCORE (%)		P - PASS F - FAIL		ALL MCY	EXAMINER'S BADGE NO.	SUPERVISOR'S INITIALS